

V. S. No. 2
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 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF VITAL STATISTICS
FILED APR 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **1602**

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)
 In this community **10 years**

3. (a) PRINT FULL NAME **William J. Wiesner**
 3. (b) If veteran, name war **Spanish-American** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **March 21, 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	App. 71	1	5	_____ hr. _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation **unknown**

11. Industry or business _____

12. Name **unknown**

13. Birthplace **unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hospital Records**

(b) Address **Gen. Hosp. # 1**

17. (a) **burial** (b) Date thereof **4-8-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wadsworth, Kans.**

18. (a) Signature of funeral director **Sebbeto's**

(b) Address **Kansas City, Mo.**

19. (a) **4-7-47** (b) **Waldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **709 Washington**
(If rural, give location)
 (e) Citizen of foreign country? **unknown** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **6**
 year **1947** hour **4** minute **15** A.M.

21. I hereby certify that I attended the deceased from **March 31** 19 **47** to **April 6** 19 **47**
 that I last saw him alive on **April 6** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrovascular accident**
 Duration _____

Due to _____

Due to _____

Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy **None**
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

23. Signature **Wm W. Hart** (M. D. or other) **MA**
 Address **Med. Dir. Gen'l Hosp** Date signed **4-7-47**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Harry C. Bergman

Licensed Embalmer No.....

2041

P. O. Address.....

700 Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.